

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 9/486971  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3							53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8		1		1		1	58						
9		1		1		1	59						
10	1		1				60						
11					1		61						
12							62						
13							63						
14						1	64						
15						1	65						
16						1	66						
17						2	67						
18						1	68						
19						1	69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
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34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.			8		12		TOTAL DEP.						
TOTAL CLAIMS			10		14		TOTAL CLAIMS						